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CONFIRMATION NO. 1288

|   |   |                                    |   |                                   |
|---|---|------------------------------------|---|-----------------------------------|
| <b>SERIAL NUMBER</b><br>10/509,105  | <b>FILING OR 371(c) DATE</b><br>09/27/2004<br><b>RULE</b>   | <b>CLASS</b><br>101                | <b>GROUP ART UNIT</b><br>2854   | <b>ATTORNEY DOCKET NO.</b><br>KOB |
| <b>APPLICANTS</b><br>Bart Wattyn, Ieper, BELGIUM;   |   |                                    |   |                                   |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP02/04848 04/26/2002 <i>Yes NC</i><br><b>** FOREIGN APPLICATIONS *****</b> <i>None</i><br><b>** SMALL ENTITY **</b>  |   |                                    |   |                                   |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met<br>Verified and Acknowledged <i>Allowance</i><br>Examiner's Signature <i>mr</i> Initials |   | <b>STATE OR COUNTRY</b><br>BELGIUM | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>6          |
|   |   |                                    |   | <b>INDEPENDENT CLAIMS</b><br>1    |
| <b>ADDRESS</b><br>James C Wray<br>Suite 300<br>1493 Chain Bridge Road<br>McLean, VA22101  |   |                                    |   |                                   |
| <b>TITLE</b><br>Positioning device, especially for offset plates  |   |                                    |   |                                   |
| <b>FILING FEE RECEIVED</b><br>460   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                   |